



THE PROTECTION AND ADVOCACY SYSTEM FOR INDIANA
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TO PROTECT AND PROMOTE
THE RIGHTS OF INDIVIDUALS
WITH DISABILITIES, THROUGH
EMPOWERMENT AND ADVOCACY

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Letter from the Executive Director

Under the direction of the Indiana Protection and Advocacy Services Commission and with the advice of its Mental Illness Advisory Council, IPAS staff worked in 2007 to pursue appropriate legal or administrative remedies on behalf of people with disabilities and to ensure the enforcement of their constitutional and statutory rights. As you read through this report, you will notice that while our advocacy efforts are focused on individuals and their specific issues, many of the outcomes we achieve for our clients result in policy or practice changes that affect more individuals than the single individual that we originally agreed to represent.

The IPAS Commission approves priorities and objectives, and then directs staff to work to accomplish these in the fiscal year. Priorities represent the general issues that determine how staff members focus their advocacy efforts. Objectives represent the actions to be taken during the year to achieve progress or change in issue areas such as working to reduce abuse and neglect. Each of the agency's programs have been created to serve either a specific disability population, or a specific issue that represents a critical barrier that prevents individuals with disabilities from achieving full independence.

On an ongoing basis and through a variety of methods, the Commission seeks input from the public and individuals served by IPAS regarding the establishment of annual priorities and objectives. During IPAS' August meeting, time is set aside to convene a public forum to invite and listen to public comments about the critical issues that impact the lives of individuals with disabilities and their families. The Mental Illness Advisory Council and IPAS staff contribute their expertise and advice about issues affecting individuals with mental illness.

Each quarter, the IPAS staff submits a report to the Commission detailing progress that was made toward completion of each objective. Annually, staff members submit a similar progress report to all federal funding sources. During the past year, the staff completed 73 of the 104 objectives directed by the Commission that were contained in 38 priority areas. Additionally, 17 objectives were partially met by IPAS staff, for a 93 percent completion rate of fully and partially completed objectives.

We believe that effective advocacy efforts in 2007 resulted in the empowerment of individuals to exercise their rights. Effective advocacy can make a lasting and positive impact.



Thomas Gallagher
Executive Director, IPAS

2007 IPAS Program Descriptions

PROTECTION AND ADVOCACY FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES (PADD):

Mandate: Developmental Disabilities Assistance and Bill of Rights Act of 2000 (see 42 U.S.C. 15043)

For individuals who meet the federal definition of developmental disabilities. PADD's role is to ensure that people with Developmental Disabilities and their families participate in the design of and have access to needed community services, individualized support, and other forms of assistance. PADD is funded out of the Administration of Children and Families (ACF) and the Administration of Developmental Disabilities (ADD) within the U.S. Department of Health and Human Services.

PROTECTION AND ADVOCACY FOR INDIVIDUALS WITH MENTAL ILLNESS (PAIMI):

Mandate: Protection and Advocacy for individuals with Mental Illness Act of 1986 (see 42 U.S.C. 10801 et. seq.)

PAIMI seeks to protect and advocate for the rights of individuals with mental illnesses in both institutional and community settings. The PAIMI program investigates allegations of abuse, neglect, and rights violations for people with mental illnesses. PAIMI is funded out of the Center for Mental Health Services (CMHS), a component of the Substance Abuse and Mental Health Services Administration within the U.S. Department of Health and Human Services.

CLIENT ASSISTANCE PROGRAM (CAP):

Mandate: Section 112 of the Rehabilitation Act (see 29 U.S.C. 10801 et. seq.)

For individuals seeking services from a program or project funded by the Rehabilitation Act. In Indiana, this would be Vocational Rehabilitation Services, and Centers for Independent Living. CAP is funded out of the U.S. Department of Education, Office of Special Education and Rehabilitation Services.

PROTECTION AND ADVOCACY FOR ASSISTIVE TECHNOLOGY (PAAT):

Mandate: Assistive Technology Act of 1998 (see 29 U.S.C. 3001 et seq.)

For Individuals with disabilities seeking Assistive Technology (devices or systems used to improve or maintain the capabilities of persons with disabilities). Designed to promote the provision of assistive technology and services through systemic reform, PAAT has the authority to litigate class action issues and negotiate compliance with federal law. PAAT is funded out of the U.S. Department of Education, Office of Special Education and Rehabilitation Services.

PROTECTION AND ADVOCACY FOR TRAUMATIC BRAIN INJURY (PATBI):

Mandate: Children's Health Act of 2000

This program's purpose is to expand advocacy services for individuals with traumatic brain injuries and to expand the service delivery system for this group of individuals. PATBI was created through a grant from the Department of Health and Human Services, Health Resources and Services Administration.

PROTECTION AND ADVOCACY FOR VOTING ACCESS (PAVA):

Mandate: Help America Vote Act

Created in 2002 when Congress enacted the Help America Vote Act (HAVA). IPAS seeks to ensure the full participation in the electoral process for individuals with disabilities, including registering to vote, casting a vote and accessing polling sites. Administered by the Administration on Developmental Disabilities (ADD), Administration for Children and Families (ACF), and U.S. Department of Health and Human Services.

PROTECTION AND ADVOCACY FOR BENEFICIARIES OF SOCIAL SECURITY (PABSS):

Mandate: Ticket to Work™ and Work Incentive Improvement Act of 1999

For individuals with disabilities who receive Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) who want to work or return to work. The role of PABSS is to provide advocacy for beneficiaries of Social Security who have problems obtaining, maintaining and retaining employment. PABSS is funded by the Social Security Administration.

PROTECTION AND ADVOCACY OF INDIVIDUAL RIGHTS PROGRAM (PAIR):

Mandate: Section 509 of the Rehabilitation Act (see U.S.C. 794e)

For individuals who meet the ADA definition of disability, and who are not eligible under the other programs. The Protection and Advocacy of Individual Rights (PAIR) Program is a federal formula grant program established under Section 509 of the Rehabilitation Act to promote the legal and human rights of people with disabilities. PAIR also addresses systemic reform issues to promote compliance with the Americans with Disabilities Act. PAIR is funded out of the U.S. Department of Education, Office of Special Education and Rehabilitation Services Administration.

2007 IPAS Program Priorities

ABUSE AND NEGLECT

Review allegations of abuse and neglect on behalf of individuals:

- ◇ residing in intermediate care facilities
- ◇ residing in Indiana Department of Mental Health and Addictions operated mental health facilities
- ◇ receiving Medicaid waiver services
- ◇ residing in Comprehensive Mental Health Centers
- ◇ incarcerated in DOC prisons, county jails or juvenile detention facilities and non DOC facilities.
- ◇ receiving funding from Residential Care Assistance Programs (RCAP)
- ◇ who are individuals with traumatic brain injury
- ◇ with disabilities other than mental illness, developmental disabilities, or traumatic brain injury
- ◇ residing in a psychiatric residential treatment facility

Monitor to document Adult Protective Services involvement in cases of abuse and neglect reported to IPAS.

Participate in 75 percent of Resident/Human Rights Committee meetings of the facilities operated by the Indiana Department of Mental Health and Addictions.

Represent individuals:

- ◇ in their appeal of reduced Developmental Disability or Aged and Disabled waiver services when the alleged reduction in services will have a serious and negative impact on the health and safety of the individual, when the reduction of services places the individual at risk of being placed in a more restrictive setting
- ◇ receiving services via the Medicaid Home and Community-Based Waiver for Children with Serious Emotional Disturbance in challenging a reduction of services which places them at risk of harm.

Review complaints on behalf of five individuals with traumatic brain injury and take appropriate action to assure that state supported residential services (TBI waiver) that are provided through the Division of Disability, Aging, and Rehabilitation Services are provided in the least restrictive environment.

Assure that eligible individuals receive approved Medicaid waiver services within a reasonable time.

Investigate 12 allegations of inappropriate use of restraint/seclusion and review three incidents when a death occurred during the use of restraint/seclusion.

Monitor/investigate selected death investigations to document that an investigation was initiated and completed by the responsible state

entity and monitor discharge plans of 20 residents of Fort Wayne State Developmental Center to assure that their plans are accurate and adequately meet the residents' individual needs.

In selected cases, IPAS legal representatives will serve as guardian ad litem, or court-appointed counsel, for six individuals with disabilities to provide additional protection to preserve their rights in the Judicial system.

SPECIAL EDUCATION

Review allegations that educational services have been inappropriately reduced or terminated due to suspension or expulsion on behalf of 55 students to assure their right to receive a Free and Appropriate Public Education (FAPE).

Represent 36 students in targeted school districts that have been denied educational services or discriminated against under the provisions of the Individuals with Disabilities Education Act or Sections 504 and 508 of the Rehabilitation Act of 1973.

Review allegations that any educational service(s) have been inappropriately provided or denied, on behalf of students with traumatic brain injury and take appropriate action to assure their right to receive a Free and Appropriate Public Education (FAPE).

EQUAL ACCESS

Review allegations of discrimination on behalf of 50 individuals who have been denied services under the ADA (Titles 2 and 3), or Fair Housing.

Assist individuals with disabilities in obtaining assistive technology services and devices in the areas of education, health care, employment, community living and in the use of telecommunications.

Assist or represent individuals with disabilities in the grievance procedure set forth in the Indiana Help America Vote Act plan.

EMPLOYMENT TRAINING

Investigate complaints on behalf of individuals seeking employment services regarding Vocational Rehabilitation Services (VRS) and Centers for Independent Living (CIL) eligibility determination and complaints regarding failure of VRS and CIL in providing choice to individuals seeking services under these programs.

Monitor the quality and completeness of Individual Plan for Employment documents developed by VRS and the Plan of Services documents developed by the CIL as they relate to the individual's identified vocational services and supports as well as choice(s).

Review and investigate any complaint of improper or inadequate services provided to a beneficiary by a service provider, employer or other entity involved in the beneficiary's return to work effort.

Assure that all identified employment networks provide chosen and necessary services to individuals desiring vocational outcomes under the Ticket to Work Program.

SYSTEMS ADVOCACY

Provide advocacy services for individuals who have allegedly been subjected to disability based discrimination when it is deemed that the case or situation may have systemic implications.

Strengthen policies and practices affecting the State's response to disability rights issues affecting individuals with disabilities through participation on committees, groups and task forces and regarding resident rights through participation on Resident/Human Rights Committee meetings of state operated developmental disabilities facilities and those operated by the Indiana Department of Mental Health and Addictions.

Advocate for the adoption and implementation of state standards regarding the annual medical health assessments of individuals with mental illness, rules by the Department of Education concerning the application and staff training regarding minimal standards to guide the use of restraint and/or seclusion in the schools and rules by the Division of Family and Children revise rules prohibiting restraint and seclusion in Children's Homes and Child Caring Institutions.

Review selected Vocational Rehabilitation Services' policy to assure compliance with the Rehabilitation Act of 1973 As Amended.

Report any identified deficiencies related to the employment networks to the Program Manager, Maximus regarding deficiencies related to employment networks.

INFORMATION, EDUCATION AND TRAINING

Respond to requests for training, information, referral and technical assistance to individuals with disabilities, their families, and professionals about assistive technology, disability rights, the Help America Vote and Americans with Disabilities Acts and voter identification requirements.

Provide information and referral to Social Security beneficiaries about work incentives and employment, including information on the types of services and assistance that may be available to assist them in securing or regaining gainful employment, particularly services and assistance available through employment networks under the Ticket to Work and Self-Sufficiency Program.

Provide education and training about disability rights and IPAS to individuals with developmental disabilities, parents, guardians, advocates, and/or service program providers, regarding IPAS and disability rights through participation in events related to abuse or neglect, the provision of childcare, the ADA or the Fair Housing Act and special education, increase the self-advocacy skills of individuals with disabilities, their families, and other advocates to enable them to obtain assistive technology services and devices.

Conduct treatment rights training events for guardians or residents of Fort Wayne State Developmental Disabilities Center, statewide

conference regarding resident rights issues, training concerning the civil/disability rights of individuals with mental illness for family members and resident rights training for consumers at selected comprehensive mental health centers.

Develop and distribute information concerning voter registration, access to polling places and the right to cast a vote, including information regarding the state's grievance procedure and the role of IPAS in representing individuals.

Support education and training efforts of consumer based organizations to increase awareness of disability rights.

COMMUNITY SUPPORT AND OUTREACH

Develop and disseminate information regarding disability rights and IPAS at two events related to the provision of childcare for all children including children with developmental disabilities, transition materials to all transition aged students, aged 14 years through 22 years, in three Indiana school districts.

Support the education and training events supported by consumer based organizations for consumers to increase their awareness of disability rights and the creation of a Crisis Intervention Team program in an Indiana Law Enforcement entity.

Participate in events related to fair housing and housing discrimination attended by consumers, family members and/or service providers.

Provide information about traumatic brain injuries and disability rights to those entities serving individuals with traumatic brain injury and assist the Brain Injury Association of Indiana (BIAI) in planning and sponsoring of the Annual BIAI Conference as well as three regional conferences.

Keep current regarding changes in assistive technology through participation at one assistive technology national conference as program funds allow.

AGENCY-WIDE PRIORITY AND OBJECTIVES

Maintain or exceed 85 percent on affirmative ratings of all responses on all assessed parameters of the mailed Information and Referral Customer Satisfaction Survey and the mailed Customer Satisfaction Survey for closed cases.

Publish biannual IMPACT newsletter, develop and disseminate information regarding disability rights and continue development of Web site as empowerment tool for individuals and families and implement projects targeted to outreach to minority and underserved individuals with disabilities, concerning disability rights issues, IPAS services and successes.

Solicit input by posting priorities on the agency Web site with multiple means of submitting comments, publish annual Priorities Edition of IMPACT and provide opportunity for members of the public to comment about priorities and objectives.

Abuse and Neglect

Freedom from abuse and neglect is a fundamental right. One of the primary purposes of the Indiana Protection and Advocacy Services Commission (IPAS) is to work toward eliminating abuse and neglect of individuals with disabilities. Abuse and neglect can be defined in many different ways. In addition to physical and sexual abuse, financial exploitation and inappropriate treatment may be considered abuse or neglect.

During the past year, IPAS responded to more than 423 allegations of abuse and neglect on behalf of individuals with disabilities residing in institutional or residential settings (e.g., state-operated facilities, comprehensive mental health centers, group homes, prisons and jails). Additionally, IPAS staff serve as advisory members to many state operated facilities' Human or Patient Rights Committees in order to work to assure that the rights of the residents are protected.

Here are some representative cases that illustrate the types of problems individuals with disabilities face, as well as some solutions that resulted from IPAS intervention.

Abuse and Neglect: State-operated Facilities

REPRESENTATIVE CASE:

A systems project began in August 2006 based on information indicating that residents at Madison State Hospital (MSH) who were admitted as either Incompetent to Stand Trial (ICST), or on other forensic status, were not always being afforded therapeutic treatment because of their legal status, nor being afforded timely evaluation of their legal status to allow for appropriate treatment. IPAS made these concerns known to administrative staff, and as a result, a staff member was assigned as liaison to the Department of Mental Health's Office of General Counsel and the Department of Mental Health gatekeeper assigned to forensic clients. The goal of this action was to improve communications regarding the legal status of forensic residents, and to assist the treatment team in providing appropriate and therapeutic treatment. Additionally, MSH also refined their procedures for an interdisciplinary panel to review concerns from the treatment teams for forensic residents, and modified processes to assure timely evaluation of patients

Incompetent to Stand Trial commitments, and to assure therapeutic assessment of treatment needs for all forensic consumers at MSH. This included designating two units staffed by a psychologist for forensic consumers. Monitoring by IPAS has evidenced that the procedures are in place and are resulting in more timely evaluations of legal status and interdisciplinary reviews at the request of treatment teams to assure that appropriate treatment is being received by the residents.

OUTCOME:

This intervention benefits a census of 25 forensic residents currently residing at MSH and will benefit an average of nine new placements of forensic consumers at MSH each year. This intervention resulted in a positive change in procedures, and a positive change in environment to increase the safety and welfare of these residents. The intervention also restores and maintains the right to timely access to judicial and administrative processes.

REPRESENTATIVE CASE:

IPAS received a call from the Public Defender's Office alleging that staff of a state-operated facility had allowed a patient to develop bed sores. Additional questions were raised concerning the care that the client was currently receiving for his psychiatric condition. IPAS found that the bed sores were resolving, and his nutritional status had improved greatly. However, during a review of records it was discovered that the client had been admitted to the state facility from a general hospital, where it appears that the bed sores and malnutrition had first been allowed to occur. A subsequent formal

complaint was filed by IPAS on the client's behalf with the Indiana State Department of Health (ISDH), alleging the mistreatment of the client while at the hospital. ISDH conducted a complaint survey and determined that the bed sores occurred during the client's treatment at the hospital.

OUTCOME:

As a result, the general hospital was cited for not following state rules relative to their licensure, with a plan of correction ordered. ISDH has subsequently determined that the citation had been corrected.

REPRESENTATIVE CASE:

IPAS staff monitored the discharge plans of a number of residents of Ft. Wayne State Developmental Center to assure that their plans were accurate i.e. adequately meet the residents' needs. IPAS proactively reviewed transition plans to prevent individuals from being discharged without appropriate services. IPAS monitored the transition of more than 65 individuals.

OUTCOME:

Due to IPAS intervention many individuals were provided with more appropriate services that will help assure their successful transition to the community.

Abuse and Neglect: Comprehensive Mental Health Centers

REPRESENTATIVE CASE:

“Sally” contacted IPAS to complain that she was being denied her right to change psychiatrists. The staff of the comprehensive mental health center stated that there was no formal policy to allow a patient to change to a different psychiatrist. Staff stated that it was at the discretion of the psychiatrist to allow the patient to change doctors. Within a day of contacting IPAS, this individual’s

request to change doctors was addressed. The facility does, in fact, have a flow sheet outlining how a patient can change doctors.

OUTCOME:

Individual was allowed to change to a different psychiatrist, and staff were re-trained regarding the process to address patient’s requests.

REPRESENTATIVE CASE:

“Kathy” contacted IPAS and reported that her personal items were destroyed or given away. As she was being admitted to a state operated facility from a group home managed by a Comprehensive Mental Health Center she asked the House Manager what to do with her belongings and was told that she could store them in the basement. After she had been at the hospital for several months, she was told that her belongings were either given away or thrown away.

The facility staff called her sister several times to request that someone pick up her items. The sister did not respond to the calls, and Kathy was not called directly. The facility investigated in response to IPAS’ inquiry into the situation. Admission paperwork

documents that the facility is not responsible for personal items not stored in the office lock-up and that Kathy agreed to take her belongings when she left, failure to take belongings authorizes the group home to dispose of property at the end of five (5) days following her departure. However, since Kathy was not called directly, the facility agreed to give her \$350 to replace her items. Facility agreed to take Kathy to several businesses in order to replace her items.

OUTCOME:

Although the facility felt there was no abuse/neglect, they agreed to give Kathy \$350 toward replacing her items and provided transportation to various vendors to replace her items.

REPRESENTATIVE CASE:

“Mrs. Penn” is both a mother and guardian. She called to request IPAS assistance when her son “Mike” was hospitalized through a comprehensive mental health center (CMHC). She had several concerns regarding his inpatient care. Among her complaints was that fact that her son is a vegetarian and it took two weeks to establish an appropriate diet for him. The diet issues were referred to the head nurse, who is responsible for ensuring that the diet orders were followed. The nurse stated that the order was given to the inpatient unit’s kitchen. Additionally, the nurse stated that implementation of the order would have to be followed up with the dietary supervisor. IPAS received a copy of the CHMC’s inpatient food services policy and procedure. Dietary staff stated that at the present time, dietary services does not have a procedure in

place that could support the implementation of special diets being received by patients. IPAS explained that not having a procedure to support meals being received and/or special diets could leave any allegation questionable. The staff agreed to develop a procedure that would show that orders of special diets are being implemented and placed in client’s files.

OUTCOME:

IPAS received the documentation of inpatients being served during the year. According to documentation, there were approximately 282 patients that would benefit from the new procedure that will support meals being served while in this CMHC’s inpatient care. The dietary supervisor for the CMHC has incorporated a procedure that will result in dietary data being included in patient files.

Abuse and Neglect: Residential Care Facility

REPRESENTATIVE CASE:

IPAS became aware of four individuals who reside in a residential care facility that were not being provided appropriate mental health treatment. IPAS opened the cases for investigation and assessment. Residents with a mental illness diagnosis are required to have an assessment completed along with a treatment plan developed by the local community mental health center (CMHC). Treatment plans are to be updated every 12 months per administrative code. During initial fact finding, including reviews of documents, treatment plans and interviews with residents and staff, IPAS concluded the local comprehensive mental health center was neither meeting with the residents, nor providing the individual therapy called for in their individual treatment plans. A CMHC must provide a continuum of services to prevent unnecessary and inappropriate treatment and hospitalization, and the deprivation of a person's liberty.

IPAS met with representatives of the CMHC and the residential care facility to discuss why individuals are not receiving individual therapy when their treatment plans clearly state that they are required to have a specific number of hours of individual therapy. The current practice indicated that standard or "blanket statements" were placed in all treatment plans rather than individualized plans.

IPAS expressed concerns regarding the mental health status of the four residents and that their treatment appeared to reveal a pattern of neglect. Staff of the CMHC and the residential care facility agreed to implement a sign-in page requiring all therapists to document the date they were there, who they met with and for how long. Additionally, the CMHC indicated they were in the process of hiring two more full-time therapists and one part-time therapist. They agreed to assign a caseload to the site administrator as well, and were hopeful that this will help the situation until more staff are hired. IPAS continued to monitor and noted that only one part-time staff member was hired and that individual treatment plans continued to be disregarded. The four

individual residents were seen initially, but only one of the four patients received a second session. The sign-in sheets were being utilized when therapists met with other residents, according to staff.

IPAS filed a complaint on behalf of the four clients with the Office of Quality Monitoring within the Joint Commission. The Joint Commission wrote to CMHC requesting a response. The CMHC responded and the Joint Commission accepted their response. The Joint Commission reported to IPAS that they could not legally share the outcome of the complaint.

Additionally, the Joint Commission wrote a letter to the Deputy Director of License Certification and Contract Compliance Division of Mental Health and Addictions Department of Mental Health (DMA) regarding concerns on behalf of the four residents. In the fact-finding process, IPAS found that all four individuals had individual treatment plans, which stated that each client should receive individual therapy for two hours per month. In each case, this determination was based on specific identified problems and needs. Further investigation revealed that each person did not receive two hours of therapy per month; they had not received any type of individual therapy in 12 to 21 months. Representatives of the Division of Mental Health Contract Compliance (DMA) investigated the IPAS complaint with the cooperation of the CMHC.

OUTCOME:

Additional staff members were hired, including a new medical director. The policy was changed to develop new treatment plans that only reflect treatment that individuals are being provided. A sign-in sheet has been developed for therapists to use each time they meet with an individual to document date and time. The CMHC is providing services that are in each individual treatment plan.

"I think this service is great. Your people are always very prompt and knowledgeable."

Abuse and Neglect: Least Restrictive Environment/Safe Community Settings/ Appropriate Habilitation Plans

REPRESENTATIVE CASE:

“Terry” is an 18 year-old diagnosed with severe neurological disorders. The bathroom of the family’s house was too small to use a lift to get her out of the bathtub. The family had requested Medicaid to provide funding to convert a small existing bedroom into a bathroom, as the family could no longer safely transfer her in and out of the bathtub. The family had tried to secure a roll-in shower for her, but Medicaid refused, citing internal policy that prohibits converting a room for another use. This policy had not been promulgated and had no support under the Federal Medicaid Act.

OUTCOME:

IPAS represented Terry’s family in a Medicaid appeal, and the hearing officer found in their favor, finding that there was no legal justification for the restrictive policy. Modifications to the family house have started, which will allow for her to be safely transferred in and out of the bath.

REPRESENTATIVE CASE:

IPAS received a call from an individual who was concerned about a 38-year-old man diagnosed with a profound developmental disability. He is non-verbal, and is totally blind as a result of his own self-injurious behavior. He was residing in a group home where he received (at least) 2-to-1 staffing for most of day because of his violent behavior. Unfortunately, even this level of staffing failed to keep him safe from harm. IPAS objected to the inadequate measures the group home was utilizing to prevent the client’s self-abuse, i.e., the placement did not provide adequate support services to assure his health and safety. The Family and Social Services Administration’s Bureau of Developmental Disabilities Services made arrangements to transfer him to a new group home, claiming that the new provider has designed a more-appropriate care plan that will decrease/prevent him from harming himself.

OUTCOME:

Once he settled into the new home, IPAS made an unannounced visit to review the care plan and monitor the quality of care. Upon arrival at his home, the client and his care providers were returning from a shopping trip to prepare for his birthday party. Staff reported that they make daily trips into the community with the client. They also report that he is calmer than he was in his previous placement, and appears to be much happier. One group home employee who had worked with him previously accepted a position at the new group home in order to continue to work with this particular client. His self-injurious behavior was occurring only one to two times per month, in contrast to several times per day at his previous residence, indicating that this current placement appears to be providing appropriate and effective support services.

REPRESENTATIVE CASE:

“Clara” is a 36-year-old individual who experienced a traumatic brain injury as a young adult as a result of an automobile accident. Clara had received a financial settlement because of this accident, and her mother set up a trust fund to assist in managing the money. Clara’s mother died two years ago, and a local bank had been given power of attorney for this fund. A short time later, it was determined that waiver staff had financially exploited Clara by taking her funds. Friends of Clara’s mother took it upon themselves to begin managing the trust fund monies. Clara contacted IPAS’ Protection and Advocacy for individuals with Traumatic Brain Injury when she became concerned that she was once again being financially exploited, as her mother’s friends had made changes and began restricting her access to the funds and personal financial documents. IPAS made certain that Clara

had contacted Adult Protective Services (APS) to report this alleged exploitation. IPAS also facilitated communication and meetings with Clara, representatives of Clara’s residential provider, and her mother’s friends. Although the friends initially denied any wrongdoing, they did admit to making changes to the trust. Clara stated that she wanted a local bank to take guardianship of her estate and assist with the management of her money.

OUTCOME:

IPAS persuaded Adult Protection Services to take action resulting in a court order for a local bank (respectful of Clara’s choice of the financial institution) to be named as guardian over her estate. Clara now feels that her financial interests are safe and being maintained in the best manner possible.

REPRESENTATIVE CASE:

“Adam’s” guardian contacted IPAS with an allegation of medical neglect on the part of the residential provider. IPAS staff visited the group home to speak with Adam, review the client records and meet the provider in order to conduct an investigation. IPAS’ fact finding indicated that although there was an internal question regarding when and what type of injuries staff are required to report to Bureau of Developmental Disabilities Services (BDDS), staff was providing appropriate medical attention whenever necessary. IPAS provided clarification regarding the reporting requirement, i.e., all injuries are to be reported to BDDS.

In reference to the safety of Adam’s living environment, IPAS reviewed the behavior intervention plan that determines staff response to Adam’s outbursts (including his tendency to break

windows) and found the plan to be inadequately written, thereby subjectively making the client’s environment unsafe. Given this finding, IPAS sought a plan review by the Developmental Disabilities Outreach Services’ Human Rights Committee, a team that is available to review behavior intervention plans throughout the state.

OUTCOME:

The committee confirmed the inadequacy of the plan and subsequently provided several recommendations and necessary revisions to make the plan more effective. The findings of this review were given to the provider and Adam’s guardian to enable them to work together to prevent behavioral situations harmful to his physical well being from occurring in the future.

REPRESENTATIVE CASE:

“Tony’s” guardian called IPAS alleging sexual abuse of her ward by staff in his state funded waiver home. The IPAS initial review revealed that our client had co-guardians who differed in opinion on issues of occurrence of sexual abuse and medical treatment issues for the client. IPAS’ record review and interviews with waiver home staff and Bureau of Developmental Disabilities Services indicated neither considered the incidents abuse or neglect based solely on their contact with Adult Protective Services (APS) who was the other co-guardian. IPAS determined that no formal investigation had been conducted. The alleged perpetrator was removed from direct care with the client as a precaution while IPAS reviewed and an investigation was initiated. IPAS recommended that the investigation be done by an agency other than the local APS staff

to avoid any conflict of interest. Results of the investigation which was done by the local police department did not result in any findings which supported sexual abuse. Other fact-finding by IPAS indicated the symptoms reported by treating physicians that may have been construed as sexual abuse were likely related to a medical issue.

OUTCOME:

Both guardians reached an agreement to find a different placement for Tony as well as access to different medical provider. Follow-up by IPAS after medical treatment showed that the client’s symptoms had ceased. It was also agreed by all parties that a new residential placement for Tony would be in his best interest and was in process at time of case closure.

Abuse and Neglect: Correctional Facilities

REPRESENTATIVE CASE:

IPAS received a complaint from “Tom” an inmate at a northern Indiana correctional facility. He alleged that his wheelchair had been inoperable for several months and it did not appear likely that it would be replaced in the near future. Tom has severe heart and circulatory problems and relies completely on a wheelchair for movement within the facility. In the past, IPAS was successful in obtaining a new wheelchair for this individual, and then devised a plan to help other individuals in similar situations. IPAS learned that several wheelchairs that were no longer operable were in a storage area at the facility, and suggested to facility management

that they set up a unit within the facility that would repair, assemble and distribute these old wheelchairs, as well as provide repairs for any wheelchairs currently in use. This unit could be staffed entirely by inmates on a voluntary basis.

OUTCOME:

IPAS’ recommendation was accepted, and one unit has been successfully established in one Indiana correctional facility, increasing the opportunity for inmates to receive adequate care and treatment through the application of assistive technology.

Special Education

Due to increased emphasis on school discipline, students with disabilities are at increased risk of termination or reduction of their educational services. Students, parents and advocates need information and support to enable them to effectively self advocate. There are also school systems in Indiana that exhibit ongoing violations of the Individuals with Disabilities Education Improvement Act (IDEIA) and Article 7 (Indiana's special education regulations).

IPAS investigated approximately 104 complaints by parents or students who had their educational services inappropriately reduced or terminated, and took appropriate action to assure their right to receive a free and appropriate public education.

Special Education: Suspension/Expulsion

REPRESENTATIVE CASE:

“Arnold’s” mother called for IPAS assistance because her son, who has a primary diagnosis of autism, had bitten a classmate. The school wanted to place him into indefinite homebound education, as this was his third biting incident. Since the school only had documentation for two incidents, IPAS stressed the importance of proper documentation procedures. At the time IPAS began its review, a previous mediation with a parent advocate had not successfully resolved the problem. The mediation had been suspended and was to be rescheduled. IPAS attended the rescheduled mediation with the parent to advocate for Arnold to be transitioned back into school immediately, although the school wanted to wait until after spring break to begin the transition. IPAS successfully advocated for transition to begin without delay.

OUTCOME:

A mediation agreement was drawn up, and Arnold returned to school on a part-time basis (half-day, three days a week) and received homebound education for two hours the other two days per week. He received adaptive physical education at school on a one-to-one basis, and transportation to and from school was also provided. Another case conference was held in January. IPAS attended once again, and advocated on Arnold’s behalf for increased school attendance. He was then transitioned back into full-day school three days a week and continued his homebound instruction the other two days for two weeks, after which time he transitioned back into school five full-days per week. Arnold continues in school full time and is doing well.

REPRESENTATIVE CASE:

IPAS was contacted by the mother of a six-year-old girl named “Stephanie,” who at the age of five had sustained a traumatic brain injury (TBI) as a result of an automobile accident. Stephanie had been assessed by the school corporation and had an individual education plan (IEP) that placed her in a regular first grade classroom for 80 percent of the day with a full-time instructional aide, as well as occupational and physical therapies. Stephanie’s mother did not feel that the school was addressing all of her daughter’s communication and behavioral needs that resulted from the TBI. Stephanie had received speech therapy on an outpatient basis through a local hospital, and while this therapist had recommended she continue to receive similar speech services in the public school at least one time a week, these services were not afforded to her.

IPAS collected copies of the school records, reviewed results of the completed assessments, obtained records of the outpatient speech therapies and spoke with the therapist regarding her recommendations. Based on this fact finding, IPAS determined that the school was providing behavioral services on a consultative basis but was not providing speech therapy as recommended. IPAS attended a case conference meeting to discuss the addition of speech therapy services to her IEP.

OUTCOME:

The school agreed to provide speech therapy to Stephanie twice weekly, and further, to assure that the techniques provided would be practiced within the context of her everyday interactions with peers and school staff. Stephanie continues to progress in her school setting.

“Great job handling difficult situations.”

“I appreciated all you did to help me get my Medicaid.”

REPRESENTATIVE CASE:

IPAS responded to request of a mother on behalf of her son, a middle school student suspended for his reported inappropriate behavior. IPAS attended several case conferences along with the mother and was successful in advocating that the behavior in question was an aspect of the child's disability. Once the school personnel attending the case conference indicated a willingness to acknowledge a relationship between the child's behaviors and his disability, IPAS encouraged the committee to develop a Behavior Intervention Plan (BIP) to address the behaviors that were interfering with his ability to remain in school. Additionally, IPAS promoted the need to provide the reasonable accommodation of an Alpha Smart, assistive technology equipment that the client could use to take notes during class.

During the month following the implementation of the newly developed IEP, the client was suspended again for reported behaviors in a class. During the subsequent Manifestation Case Conference, IPAS challenged the school personnel concerning their process to notify all teachers of the implementation of the new IEP. The school realized their failure, and thus, the suspension ended.

OUTCOME:

The special ed teacher, the client's teacher of record, agreed to provide a copy of the BIP, as well as to meet with each of his teachers individually to ensure that no further lapses of the implementation of the child's IEP and BIP would occur. The client was given time to make up his schoolwork for the days he was suspended.

REPRESENTATIVE CASE:

"Peter's" parent initially contacted IPAS requesting assistance at an upcoming case conference meeting, which was scheduled later that week. While IPAS informed the parent that they could not attend on such short notice, the parent chose to proceed with two other advocates. While the parent expressed initial satisfaction with the result of the case conference, she still had concerns regarding the school sending her son home, and the threat that should the child fail, then the school would need to seek residential services. IPAS' fact finding discovered that the school had on several occasions sent the child home under the pretense of an undocumented discipline behavioral plan. At the next case conference, IPAS was successful in assisting the parent in the development of an appropriate Individual Educational Plan (IEP) which was to include a Behavior Intervention Plan (BIP), and to advocate for compensatory educational services because of the time that the student was absent from school. Since the new IEP was developed at the conclusion of the school year, the case

remained open, allowing IPAS to monitor the transition into the new school year. At the first case conference with the new school, both the English and mathematics teachers were positive and enthusiastic regarding the student's progress in their classes. The receiving school personnel also agreed that the child was entitled to compensatory academic services and would be given 16 hours for the time he missed as a result of being sent home. The current teachers offered to provide the additional services, as they had already developed a rapport with the student and did not see a need to discuss residential services.

OUTCOME:

As a result of IPAS' involvement, the child received the compensatory academic services he was entitled to, along with the development of an IEP that appeared to be successful in maintaining the child in his home school rather than the school seeking a residential setting.

"Because of you I am now receiving the services I needed."

Equal Access

Individuals with disabilities must have access to programs, services, buildings and housing. There are continual barriers that prevent equal access. These barriers include physical inaccessibility to governmental and public places, reluctance of service providers to provide accommodations in the provision of their services or outright denial of all types of services due to ignorance of disability issues and the laws designed to protect those rights. IPAS responded to 119 allegations involving equal access. Here are some representative cases that illustrate some of the barriers individuals with disabilities face and some solutions that resulted from IPAS' intervention.

Equal Access: Assistive Technology

REPRESENTATIVE CASE:

IPAS represented a young man who was denied a power wheelchair by the State Office of Medicaid Policy and Planning. The young man survived an accidental gunshot wound in December 2005 that resulted in quadriplegia, and had a pressure ulcer that required surgery. According to his treating physician, a power wheelchair would allow for frequent repositioning, making pressure ulcers much less likely. His grandmother had been his primary caregiver; in fact, she was forced to quit her job at the time of his injury so she could care for him full-time. However, it became necessary for her to return to work, which would leave him completely unable to move about his home or his community. Due to his quadriplegia,

he is unable to propel a manual wheelchair. When he requested a power wheelchair from the State Medicaid Office, his request was denied; they will only provide a power wheelchair if someone is involved in work or pursuing an education.

OUTCOME:

With the assistance of the IPAS, the young man applied for services from the State Office of Vocational Rehabilitation. A plan was developed which included him attending college. As a result of the efforts of the IPAS, both Medicaid and the State Office of Vocational Rehabilitation have provided assurance that a power wheelchair will be provided to this young man.

REPRESENTATIVE CASE:

IPAS was contacted by “James”, a resident of a long-term care facility. James was diagnosed with cerebral palsy and required a custom wheelchair for mobility. Indiana Medicaid denied his request, based upon their assertion that the wheelchair should be purchased by the facility out of the Medicaid Per Diem allowance. Federal law requires the State Medicaid Office to purchase custom wheelchairs for Medicaid clients; only standard wheelchairs are purchased out of the facility per diem.

OUTCOME:

IPAS represented James as he appealed the denial by Indiana Medicaid. Shortly after IPAS began representing him, he received a letter from Indiana Medicaid informing him that they had reversed their denial and would now provide funding for the custom wheelchair.

REPRESENTATIVE CASE:

IPAS staff successfully resolved a complaint from “Tim” a 53-year-old whose wheelchair lift stopped working. He is an individual diagnosed with diabetes, heart and other circulatory conditions, muscular/skeletal impairments, neurological disorders, other respiratory disorders and physical/orthopedic impairments. He contacted the manufacturer of his wheelchair lift asking for their assistance, but they made no offer to correct the mechanical failure of the wheelchair lift.

OUTCOME:

IPAS made numerous telephone calls to the manufacturer, taking this complaint to higher levels within the manufacturer’s administration. This action resulted in the manufacturer repairing the wheelchair lift.

“Thanks for helping get my son back in VR.”

Equal Access: Americans with Disabilities Act

REPRESENTATIVE CASE:

IPAS resolved two cases concerning individuals that were seeking to have their driver's licenses reinstated after successful medical procedures. State statute orders reinstatement of driver's license for any person whose treating physician submits documentation that seizures are controlled. Both individuals underwent successful brain surgery resulting in no seizure activity. Both individual's doctors submitted documentation to the Bureau of Motor Vehicles stating that the seizures are controlled and the driver's license should be reinstated. The BMV refused to do so, citing their unpromulgated policy of one-year mandatory revocation. One individual represented by IPAS had lost significant income as a result of his inability to drive to surrounding cities where he's been

offered casework as a marriage counselor. A hearing was held on BMV's motion to dismiss based on their allegation of improper pleading in Petition for Judicial Review. BMV's Motion to dismiss was denied.

OUTCOME:

BMV has made a written settlement offer in which they agree to discontinue enforcing their unpromulgated policy of the mandatory one-year revocation of the driver's license of a person experiencing a seizure. The BMV also agree in writing to consider each case individually. Our clients were very satisfied with their written settlement offers.

REPRESENTATIVE CASE:

"John" is individual who uses a power wheelchair. He contacted IPAS with a complaint against Weight Watchers. Specifically, Weight Watchers did not have the type of scale that could weigh the client in his electric wheelchair. As part of the Weight Watchers program, clients attend weekly meetings and "weigh in" during those meetings. Weight Watchers told John that he could go to a hospital that had the type of scales that would weigh him in his chair. IPAS contacted a representative of Weight Watchers, who explained the types of scales Weight Watchers uses, funding for equipment and resources available. IPAS considered that having a client get weighed at another location changed the Weight Watchers program, and that the client would be at a disadvantage compared to other members. IPAS contacted the Weight Watchers

representative regarding the concerns of not having an accessible scale for participation in the Weight Watchers program. The representative stated she would speak with her superiors and follow up on the status of acquiring a new scale. IPAS received notification from Weight Watchers that a scale would be ordered, but she needed to have some additional information in order to purchase an appropriate scale.

OUTCOME:

After some difficulty in finding the appropriate scale for the client's needs, the necessary equipment was purchased. IPAS and the client visited the facility and tested the scale. The client was able to successfully weigh himself and planned to return and sign up for Weight Watchers services.

REPRESENTATIVE CASE:

An individual with a visual impairment contacted IPAS alleging that the surface of the street at a curb cut was not smooth, causing her to fall. A visual review of the area and photographic documentation verified that the curb had multiple levels, instead of a smooth surface. In addition, there was a newly installed single curb cut across the corner, instead of separate cuts for perpendicular routes of travel. This caused a pedestrian to move into the lane of traffic to access the curb cut. While documenting the problem, IPAS and the client observed another pedestrian

falling at this same intersection. IPAS contacted the Mayor's ADA coordinator. After IPAS involvement, the newly installed curb cuts were changed to separate cuts, instead of being on the diagonal.

OUTCOME:

The newly installed curb cuts were removed. Two separate curb cuts were installed for perpendicular routes of travel. This prevented pedestrians from having to travel into the lanes of traffic to access the curb cuts.

REPRESENTATIVE CASE:

“Kelly” was a patient at a large urban hospital that used a seizure-alert dog. She was told that she would have to send her service animal home. She was given until 2 pm the next day to comply, or her dog would be removed by hospital staff. After fact finding, the IPAS found that the hospital did not have an adequate service animal policy.

OUTCOME:

As a result of IPAS assistance, the hospital adopted a more inclusive policy.

REPRESENTATIVE CASE:

“Lisa” contacted IPAS requesting assistance with the denial of a zoning variance for her carport. While she no longer drives, her vehicle had been modified with a lift to allow someone else to drive her to her appointments and errands. She explained that sometimes the weather prevented her from going out, as trying to get in and out of the car lift is difficult during rain or snow. She was initially denied an application for a variance, but her contractor was able to sort out the mistake and file an application for a variance. She stated other homes in her neighborhood had carports in front of their home and she could not understand why her request had been

denied. In Noblesville, the ordinance stated that carports were to be on either to the side or the rear of a property, otherwise a variance would need to be requested. IPAS met with the contractor and spoke with a member of the Noblesville zoning board.

OUTCOME:

IPAS assisted Lisa in filling out the application and gathering information needed for the zoning meeting. The zoning meeting went well, and the variance permit was approved with only a few changes to the setback requirements.

REPRESENTATIVE CASE:

An individual contacted IPAS about accessibility issues at their apartment complex. The individual reported that she uses a wheelchair and was unable to access her apartment without assistance, that doorways inside the apartment were too narrow and that the laundry room, tennis courts and pool areas were also inaccessible. Our client indicated that all of the problems had been reported to the manager, but that she did not feel that they were responding to her requests.

OUTCOME:

IPAS spoke to the apartment manager and informed her of her obligation under the ADA. The apartments agreed to put a curb cut in, to build a ramp, to widen doorways inside the apartment and to make the swimming pool and laundry areas accessible as well.

REPRESENTATIVE CASE:

“Bob” called IPAS with a complaint regarding the inaccessibility of the walk lights in front of his apartment complex. During fact finding, IPAS found that both walk lights were only activated by depressing a switch mounted to the light pole. The switch on the west side of the street was obstructed by a curb, requiring Bob to take his wheelchair into the route of traffic to activate the switch. The switch was also mounted too high for him to reach from his wheelchair. The walk light on the east side of the road was surrounded by gravel and dirt, and was fewer than two feet from the slope of a ditch. IPAS determined that a rights violation existed, and contacted the Mayor’s Coordinator for Disability Affairs, the Transportation Engineering Section Department of Public Works

Engineering Division, and a representative at the Department of Public Works.

OUTCOME:

As a result of IPAS’ advocacy, both light switches were made accessible. On the west side of Michigan Road, the curb blocking access was removed, concrete was poured to create a firm surface, and the signal button was lowered to the correct height and distance from the newly poured concrete. On the east side of Michigan Road, concrete was poured to create a firm surface. Bob can now safely and independently use this crossing.

Employment

Historically, individuals with disabilities have experienced a higher rate of unemployment or underemployment, which represents a significant barrier to achieving the level of independence and productivity that many people with disabilities wish to attain. IPAS provides advocacy services for individuals with medically diagnosed physical or mental impairments that result in a substantial impediment to employment.

These individuals seek and receive services through Vocational Rehabilitation Services (VR). This includes individuals who receive Social Security Disability Insurance or Supplemental Security Income and assistance to individuals experiencing problems with return-to-work issues, obtaining or receiving workplace accommodations or issues with employment service providers. This year IPAS investigated 114 employment-related complaints.

Employment

REPRESENTATIVE CASE:

“Roger” was a 42-year-old individual with anxiety disorder. Roger had worked in an automotive factory where he made a good wage, but had quit after becoming too anxious to work on an assembly line. Roger applied to Indiana Vocational Rehabilitation Services (VR) in early 2006. He requested services to assist him in maintaining employment. Although the VR counselor obtained sufficient information to determine eligibility in early May 2006, she did not determine Roger ineligible until July 2006. Roger contacted IPAS seeking assistance in appealing the VR ineligibility decision.

After attempts to negotiate and represent in mediation, IPAS represented Roger at a formal administrative hearing. The independent hearing officer determined that the VR decision

was incorrect in that the VR counselor failed to consider how the client’s mental impairment affected his ability to retain employment. The VR counselor had only looked at Roger’s eligibility in terms of how his mental impairment affected his ability to prepare for or secure employment.

OUTCOME:

Roger was able to reapply for VR services and receive an appropriate evaluation that focused on how his mental impairment affected his ability to maintain employment. An individual plan of employment was then developed, which contained the supports necessary to allow Roger to maintain employment on a long-term basis.

REPRESENTATIVE CASE:

“Nancy” is a 34-year-old individual with bipolar disorder, and a dual beneficiary who received both Social Security Disability Income (SSDI) and Supplemental Security Income (SSI). Nancy had assigned her ticket, and was receiving services from Indiana Vocational Rehabilitation Services in the form of post-secondary schooling. Nancy had an approved Plan for Achievement of Self-Sufficiency (PASS) to assist her in completing her college degree. Nancy had set aside her SSDI funds into the PASS plan for college purposes, allowing her to be eligible for SSI benefits. The Office of Medicaid Policy and Planning for Indiana erroneously determined that Nancy’s PASS counted as income, thereby making her ineligible for SSI as well as her Medicaid health insurance. This placed her into a “spend down” situation, preventing her from

using her Medicaid to cover medical expenses until she had paid for a specific amount of them “out of pocket”. This left her with \$1,200 in unpaid medical expenses and threatened her ability to continue working toward her degree and a career. IPAS began fact finding by reviewing both the federal social security requirements and Indiana Medicaid policy, as well as making contact with the local and state Medicaid officials.

OUTCOME:

As a result of IPAS’ intervention, Medicaid reversed the previous decision that caused the \$1,200 spend down and unpaid medical expenses. Nancy’s Medicaid and SSI eligibilities were reinstated. Today, she continues to pursue her degree and future career.

“I am very grateful for the wonderful support and help.”

REPRESENTATIVE CASE:

“Harold” is a 74-year-old individual with the disability of partial deafness, who works as a full-time grounds keeper at a local cemetery. Harold applied for services from Indiana Vocational Rehabilitation Services (VR), asking them to provide him with hearing aids. The VR counselor sent Harold for a hearing test, but found him ineligible for their services based upon a determination that hearing was not a necessity for his job responsibilities. Harold’s daughter contacted IPAS to assist with an appeal of the VR eligibility decision. IPAS reviewed Harold’s file and interviewed his VR counselor. The VR counselor explained that she had referred Harold for hearing tests that concluded that he did have a significant hearing loss. However, the VR counselor was

unconvinced that this significant hearing loss was a substantial impediment to employment as the grounds keeper for a cemetery. IPAS assisted Harold and his family to advocate for an eligibility redetermination based upon the fact that his job responsibilities included meeting with the public to sell grave plots, as well as coordinating burials. Harold provided VR with this additional information in writing.

OUTCOME:

VRS reversed the previous determination making him eligible for their services. Subsequently, an Individual Plan for Employment that included the provision of hearing aids was developed and implemented.

REPRESENTATIVE CASE:

“Carmen” is a 45-year-old individual with the disability of severe chronic depression, and is also a dual beneficiary of Social Security funds. Carmen had assigned her ticket to Indiana Vocational Rehabilitation Services (VR). Her employment goal was a Small Business Enterprise (SBE) involving Web site design. She possessed an approved Plan for Achievement of Self-Sufficiency (PASS). Carmen had requested continuing funding for the second year of her small business enterprise. She contacted IPAS after VR denied her request for continuing support.

IPAS spoke with Carmen, who explained that she was making progress on her SBE in regards to income and her pursuit of getting off of her Social Security benefits. IPAS agreed to attend a meeting at the local VR office to review Carmen’s expenditure requests for funding the second year of her SBE. During this meeting, Carmen explained to the VR area supervisor that her business designs Web sites for small businesses. Although her busi-

ness had experienced a slow start in the past year, she had built a solid client base and was beginning to show promise. Carmen also pointed out and demonstrated (per her behavior) that she is coping appropriately and effectively with her ongoing depression. The VR area supervisor felt that Carmen’s company was “troubled,” and that she was incapable of operating a successful business. However, Carmen pointed out that research shows very few new businesses turn a profit the first year. Carmen also provided examples of several new, well-established local clients she had obtained in the first year of her business.

OUTCOME:

Although VR questioned several of Carmen’s expenses, they were willing to fund several of her requested supports for the next 24 months. Carmen’s Individual Plan of Employment was amended, allowing her to continue with her SBE and career.

“The advocate was very professional and effective.”

“Thanks for your empathy.”

REPRESENTATIVE CASE:

“Clara” a fifty-nine year old individual with the disabilities of arthritis, degenerative joint disease, obesity, hypertension, carpal tunnel syndrome, and chronic joint pain applied for services from Indiana Vocational Rehabilitation Services (VR) and consulted with her Counselor regarding a career in photography with the emphasis on high school marching bands. Clara was non-ambulatory over functional distances and had a history of frequent and serious falls. She utilized a power wheelchair for ambulation purposes. Due to her ambulation difficulties and limits it was determined that she would only be able to shoot about ten percent of the required pictures from her powered wheelchair and would therefore require an IBOT mobility system wheelchair. The IBOT would allow her to go up and down bleachers and stairs which would be an essential function of her job. The IBOT system cost is around \$26,000. An Individual Plan of Employment (IPE) containing the needed IBOT system as well as other services was developed, agreed to, and signed off on by all parties.

Shortly after the implementation of the IPE it was determined that the needed IBOT system cost more than allowed “edit limit” for assistive technology set by Indiana VR. After being told that

she would not receive the needed equipment from VR, Clara contacted IPAS’ Client Assistance Program and requested help. The IPAS-CAP spoke with the VR Counselor, the VR Area Supervisor, and the Regional Manager citing the Federal Rehabilitation of Act of 1973, as amended, as well as the state VR policy both of which prohibit a denial of services based upon cost factors, but was unable to convince VR personnel that they must provide the IBOT.

OUTCOME:

An administrative hearing was held and the independent hearing officer noted that since an agreed upon IPE had been implemented VR could not argue that the client did not require the IBOT system to meet her vocational goal. The independent hearing officer determined that “the State unit may not place absolute dollar limits on specific service categories or on the total services provided to an individual”. The hearing officer also noted that “VR guidelines cannot operate to deny a client a service that was approved and provided for in a client’s IPE”. Clara is now in the process of obtaining the IBOT system and realizing her career goal of photography.

“I will recommend you to others.”

“Thank you on behalf of children with cerebral palsy.”

Crisis Intervention Team Support

In 2007, IPAS continued to provide Crisis Intervention Team support. Through its efforts, 75 individuals received pre-arrest diversion training geared toward helping law enforcement officials work with people with mental illness and other disabilities.

In addition to the traditional public safety attendees, training was also provided to a representative from Wheeler Mission Ministries to help them to better serve program participants with mental illness. Hank McKay, a Marion County assistant prosecutor working with the P.A.I.R. program (an after arrest diversion program) also participated in the training.

In total, training was provided to participants from organizations including:

- ◆ 62 Indianapolis Metropolitan Police Department
- ◆ Marion County Sheriff Department

- ◆ 3 Cumberland Police Department
- ◆ 1 St. Vincent Hospital Police Department
- ◆ 1 Community Hospital Police Department
- ◆ 1 Wishard Hospital Police Department
- ◆ 1 MSD of Pike Township School Police Department
- ◆ 1 Wheeler Mission
- ◆ 1 Marion County Prosecutor Office

There have been members of the law enforcement community attending the trainings, even though their department does not yet have an active CIT program. This interest and support of CIT is encouraging and sets a positive trend for continuing to achieve this objective in 2008.

Equal Access to Leisure and Recreation

Through its efforts, IPAS continued to make a positive impact on community accessibility for people with disabilities in Indiana in the area of leisure and recreation.

IPAS partnered with the Indiana Office of Tourism Development and Indiana State Festivals Association (ISFA), on a project focused on access to festival events in the state of Indiana. IPAS mailed approximately 1,000 hard copies of the publication, Accessible Temporary Events; A Planning Guide, to more than 1000 festival planners statewide. The books will be used as a tool for planners in preparation for future events to ensure accessibility. Feedback from recipients of the book was great, with several inquiries and requests for more information.

The Indiana Office of Tourism Development implemented guidelines/qualifications created by IPAS regarding the designation in the state's Festival Guide that certain festival events are accessible. Prior to this project, festival planners need only to say their event is accessible to be rewarded the familiar icon in the guide. The implementation of these criteria from IPAS ensures that festivals meet basic accessibility standards before being able to obtain the icon. The online application for festivals and events now describes the five main criteria festivals/events must have before being eligible for the accessibility icon. It is also noted that this does not mean the

festival/event is compliant with the ADA. IPAS hopes that this will encourage planners to be familiar with the ADA Guidelines and to make their site fully accessible.

In addition, IPAS purchased a full page ad in the Indiana Office of Tourism Development's 2007 Festival Guide promoting equal access. The guide was published and distributed statewide in January 2007. Approximately 500,000 guides were printed and distributed for 2007.

Similar to the partnership with the Indiana State Festivals Association (ISFA) and the Indiana Office of Tourism Development, IPAS worked with the Indiana Bowling Centers Association (IBCA) and the Bowling Proprietors Association of America (BPAA) to educate members regarding their responsibility for their bowling facilities in Indiana to be accessible to people with disabilities. IPAS sent a letter to statewide IBCA members. This letter describes IPAS and the importance of meeting ADA regulations and was delivered in April to all 94 Indiana bowling center proprietors. IPAS completed this project by sending IBCA members the United States Access Board publication "Accessible Sports Facilities" The hope is that IBCA will use this resource as a tool to ensure accessibility.

Protection and Advocacy for Voting Access (PAVA)

In 2007, IPAS participated in a PAVA Telephonic Roundtable national discussion sponsored and organized by the National Disability Rights Network. The purpose of the discussion was to open a dialogue and share information as to the laws requiring voter's to present identification as a condition precedent to voting, and the potential impact of these laws on the people we serve in the community.

IPAS/PAVA staff also created a voter survey to be conducted in conjunction with the November 6, 2007 election. Advocates, working with the PAVA Coordinator, recruited volunteers with disabilities to receive basic information on voting place accommodations and provide post-election feedback as to their individual voting experiences. The purpose of the survey is to gather information as to the progress of the State in implementing HAVA (Help America Vote Act) requirements regarding access for individuals with disabilities to all stages of the voting process

without restriction or limitation. Ultimately, any volunteers that wished to file a grievance through the Indiana Secretary of State would be provided all necessary information and forms, and would be offered the representative assistance of IPAS. Advocates and the program coordinator worked together to complete a volunteer recruitment letter; a list of basic talking points regarding disability access and accommodations at voting sites and in the voting process; completed a rough draft of the post-election survey questionnaire; and completed a post survey "Thank You" letters were also sent to all participating volunteers.

IPAS also participated in a PAVA second Telephonic Roundtable national discussion sponsored and organized by the National Disability Rights Network. The purpose of the discussion was to share information and discuss the Federal laws regarding voting machines requirements; the dates of implementation of these laws; and how they are to be implemented in relation to voters with disabilities.

Indiana's Partners in Justice

In 2007, IPAS continued to work toward development of the Tips for Law Enforcement and Corrections Personnel. Lt. David Younce of the Indiana Law Enforcement Academy in Plainfield provided some assistance, allowing some of his personnel to review the Tips cards. There are approximately 15,626 police officers and 7,743 corrections personnel who will receive copies of the TIPS. IPAS is in the process of receiving estimates to produce the TIPS on

plasticized cards and in audio CD format and will determine how to produce and disseminate the product in 2008.

IPAS/PADD staff attended the 2007 National Conference hosted by the National Center for Victims of Crime which included issues related to persons with disabilities.

"The person I called listened and was concerned. Gave me resources to help me advocate for myself."

The Brain Injury Association of Indiana

At the 2007 National Disability Rights Network (NDRN) Annual Meeting, held in San Diego, IPAS' Protection and Advocacy for Individuals with Traumatic Brain Injury program was recognized during the Federal TBI Grantee meeting by Health Resources and Services Administration (HRSA) for successfully working with the Traumatic Brain Injury Association of Indiana and the Family and Social Services Administration to apply and receive its first planning grant. These grants are available for up to two years and allow states to build infrastructure through four core components; establishing a TBI Statewide Advisory Board, identifying of a Lead Agency, conducting a Needs and Resources Assessment, and

developing a TBI State Action Plan. The lead agency for the grant is Vocational Rehabilitation Services.

IPAS offered support to the Indiana Traumatic Brain Injury Association through the year. IPAS serves on the Indiana Traumatic Brain Injury Advisory Council and participates on the Information and Referral work group. The BIAI Resource Directory was revised and updated and IPAS provided financial and technical support for the 2007 Annual Brain Injury Association of Indiana Conference

2007 Human Rights Committee Conference

Approximately 170 individuals participated in the 2007 Human Rights Committee Conference, "Preservation of Dignity" that was held September 11th and 12th, 2007 at the Hilton North in Indianapolis. The conference attracted those individuals interested in human rights issues and committee members that want to understand the need for and to effectively participate in human rights committees.

The Keynote speaker Dale DiLeo, author of "Raymond's Room: Ending the Segregation of People with Disabilities" discussed the needless segregation of people with disabilities through labeling, facilities and other forms of segregation.

Dr. Steve Adelmeyer, Psy.D., HSPP and Galen Goode, MPA, Hamilton Center lead a session on dual diagnosis. They addressed

the topic of crisis intervention services for persons who have needs related to both a developmental disability and acute mental health issues.

Other conference topics and speakers included JCAHO Behavioral Health Standards — Merlin Wessels, ICF/MR and Medicaid Waiver standards — Sahana Priyanath, CMS, Chris Greeney, ISDH, Adrienne M. Shields, DRS, and Guardianship/Commitment — David Smith, JD and Travis Sandifur, JD

Participants felt that the highlight of the conference was hearing from Self Advocates — Darcus Nims and Lisa Blansett, who addressed the question, "Does the system itself promote dignity?" They discussed their personal experiences in seeking services and whether or not their issues were appropriately addressed

"I received the information I asked for in a timely manner."

Indiana Vocational Rehabilitation Services (VR)

In 2007, IPAS continued to monitor the Individual Plans of Employment on each client. IPAS frequently recommends changes based upon the individual's identified needs, strengths and weaknesses to assure that the client receives appropriate and adequate services. In addition, advocates continued to review all individual plans of employment for clients as they relate to the client's choice of vocational services, assessment recommendations for supports and services, and VRS responsibility for assuring the plan is thorough and of high quality.

IPAS also continued to monitor the implementation of all VR policies as they fact find in regards to client allegations of rights violations. When inconsistencies are identified, they are brought to the attention of the VR Area Supervisor and if appropriate, the VR Regional Manager. VR continues to request IPAS input and comments regarding their policies and practices.

IPAS participated in the Indiana VR New Counselor Orientation in June 2007, providing training regarding clients' rights under the VR and CAP systems to 15 staff.

The Client Assistance Program (CAP) continued to monitor all VRS policies and procedures to assure consistent implementation. Concerns remain regarding the determination of eligibility for individuals requesting hearing aids from VR. VR is basing eligibility solely upon audiometric testing results and failing to take into account current employment factors such as essential functions and how those are impacted by that individual's ability to hear.

IPAS Collaborations

IPAS's collaborations with partner organizations throughout the community are a key part of the foundation of its 2007 successes.

Numerous pairings took place in the past year; the following is only a sampling of the good work that occurred through partnership opportunities:

- ◆ Sponsor of a one day workshop on Understanding Autism as part of the annual Special Olympics Indiana State Conference.
- ◆ Sponsor and partner with Purdue University's Breaking New Ground Resource Center to produce the 9th edition of the Indiana Directory of Disability Resources or IDDR.
- ◆ Sponsor of the 2007 Power Soccer National Tournament.
- ◆ Co-sponsor and exhibitor of the 2007 Mental Health Symposium, held in conjunction with the Indiana University School of Medicine, Department of Psychiatry, and Mental Health America of Indiana.

- ◆ IPAS continued its collaborative partnership with the Indiana Institute on Disability and Community and the Governor's Planning Council for Persons with Disabilities to fund the long term Empowerment through Knowledge self advocacy training project. IPAS has committed \$20,500 to this project.

- ◆ Co-sponsor of the 19th Disabled Water Skiing National Championships on July 18-21, 2007 at Hawthorn Lake in Danville, Indiana.

In addition, IPAS has been working with Charlene Hederick, the contracted WBE, to facilitate relationships between IPAS and statewide foster care and adoption groups. Through these relationships, IPAS will be able to educate foster parents on the importance of disability rights as many children in foster care programs have a disability of some type. Currently, IPAS has had four meetings with appropriate organization leaders, and plans to extend this effort into 2008.

Education and Training

IPAS staff disseminated information via 18 exhibition booths and conducted 35 public speaking engagements reaching a total of **104,361** individuals. Through various means IPAS was able to reach approximately **2,476,162** individuals with relevant information in the 2006-2007 fiscal year.

IPAS provided a number of presentations related to disability rights. Here is a representative list of these events.

- ◆ Blue River Services Parent Support Group, Presentation regarding rights of individuals with disabilities. Overview of entitlements and supporting laws. Advocacy techniques for parents and overview of IPAS. Ten individuals were in attendance.
- ◆ Foster Parents in NW Indiana, presentation to Foster care parents regarding IPAS services and What Children are Entitled To) – 12 individuals were in attendance.

- ◆ Church Women United, Presentation to Women's group regarding IPAS services and disability rights. Thirty five individuals were in attendance.
- ◆ Rise Center, presentation to parents of transition-aged students and 15 educators regarding IPAS, CAP, transition planning, VR's role in transition, accessing AT and benefits planning. Twenty-one individuals were in attendance.
- ◆ Elkhart Chamber of Commerce, Presentation to Festival Chairs in the Elkhart area regarding access to temporary events, ADA use of assistive technology and Inclusion of people with disabilities at their events.

IPAS and the Web

The IPAS Web site continues to be updated. Changes include additions to the publications page as well as additional information to the Equal Access area. The Web site's site map has also been updated to ensure all relevant information is included. IPAS is constantly observant of its Web site to ensure 100 percent accuracy. The secondary navigation of the IPAS site was a key priority in 2007, including development of a Helpful Links and Resources page, advocacy and employment.

Also in 2007, the agency Web site was migrated to the "new and improved" format mandated by the State of Indiana administration. Changes to some of the navigation functions by which visitors find their way around the Web site were required, as part of this

transition. As always, our focus was to assure that the site is completely accessible to persons with disability.

For the entire federal fiscal year the Web site recorded 1,062,260 visits.

Number Web site Hits	1st quarter	259,310
	2nd quarter	263,057
	3rd quarter	262,345
	4th quarter	277,548
	Total for fiscal year 2007	1,062,260

IPAS Provides High Quality Advocacy

IPAS believes that asking our clients to rate our services is a vital part of maintaining quality advocacy services. IPAS mails satisfaction questionnaires to individuals who request information and referral services and to those who are represented by IPAS staff. In addition, IPAS uses an independent contractor to conduct tele-

phone satisfaction interviews when possible. The responses indicate that our clients overwhelmingly find IPAS staff to be respectful, knowledgeable, professional and prompt. In addition, approximately 90 percent of the respondents indicate that they would either call us again or recommend IPAS to others.

Media and Publications

IPAS continued to harness the power of earned media to advance its initiatives in 2007. Some key appearances and media opportunities included:

- ◆ Recorder On Air Report (ROAR), 60 Minute public Affairs and Community TV news show airs in the greater Indianapolis area, Channels: Brighthouse Cable-Channel 99, Comcast Cable-Channel 99, Local Station WDNI-Channel 65. Topic was IPAS services.
- ◆ An article ran in the Richmond Palladium Item October 1st titled “Officers, social services agencies participate in crisis training” The article discusses how organizations, including IPAS participated in the East Central Indiana second annual Crisis Intervention Team (CIT) training.
- ◆ An article regarding IPAS services was included in the October issue of “The Blue Bulletin, a monthly publication intended to help keep members (partners) informed of information regarding the implementation of the Blueprint to End Homelessness. This publication is produced by CHIP, Coalition for Homelessness Intervention and Prevention.
- ◆ Created PABSS Out reach PSA, Lake County. Media message reminding the public that October is National Disability Employment Month and that IPAS assists individuals regarding medical and social security benefits, Stations: WJOB-AM, WLJE-FM, WPWX-FM, WXRJ-FM, WZVN-FM.
- ◆ IPAS purchased a full page ad in the Indiana Office of Tourism Development’s 2007 Festival Guide promoting equal access. The guide was published and distributed statewide in January 2007.

IPAS Outreach to Minority and Underserved Individuals With Disabilities

In 2007, IPAS provided the Indiana Coalition for Homeless Prevention an overview of IPAS and a presentation of issues that individuals with disabilities that are also homeless may face for those who provide services for the homeless in Marion County, as well as dissemination of Accessibility Sticks with instruction on how to use them. Presentation topics included abuse and neglect, special education, treatment rights, ADA and emergency preparedness. Twenty-three individuals attended the session.

IPAS also worked with the Gennesaret Free Clinic, a community provider of medical and dental services for the homeless of Marion County, in 2007. It provided a presentation on IPAS and its role and responsibilities to staff of the Gennesaret Free Clinic.

IPAS continued to reach minorities through its campaign efforts. As part of this effort, The McCormick Group, the contracted MBE for IPAS, worked to create a list of minority-focused recreation facilities, groups and organizations throughout the state. This list included sports facilities, boys and girls clubs, camps and other extracurricular programs. A letter was sent, along with the United States Access Boards publication “Accessible Sports Facilities” guide to recreation facilities, to each of these organizations to explain the importance of Equal Access and to introduce IPAS as a resource.

IPAS at a Glance

By the numbers

Total requests for information and referral	2,531
Total individuals served*	652
Total service requests	771
Total individuals reached with relevant disability rights information	2,476,162

Total training events attended by staff	88
Total number of people reached at speaking engagements	106,055
Web site hits	1,062,260

*The total number of clients served is 643. However, some clients had cases opened in more than one program.

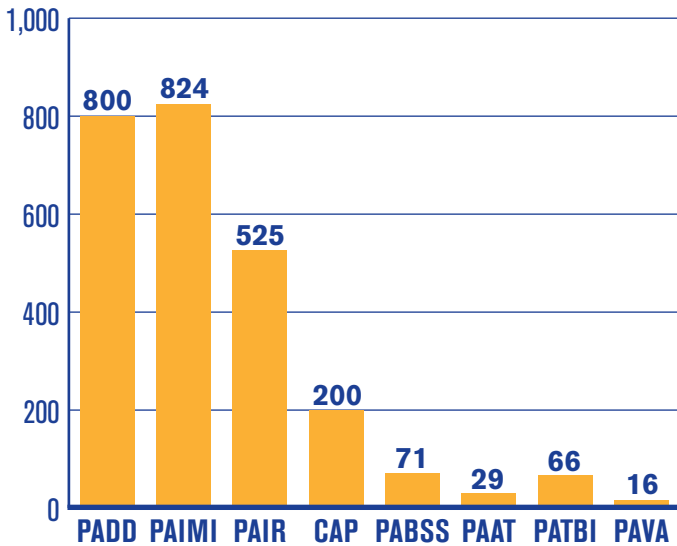
Demographics for 2007

GENDER	
Female	241
Male	411
ETHNICITY/RACIAL BACKGROUND	
Asian	0
Black	96
Hispanic	15
Multicultural	11
Native American	4
White	526
DISABILITY	
Absence of extremities	1
AIDS/HIV positive	2
Alcoholism and other substance abuse	0
Autism	33
Autoimmune (non-AIDS/HIV)	0
Bipolar disorder	23
Blindness and other visual impairments	10
Cancer	1
Cerebral palsy	22
Deaf/blindness	1
Deafness and other hearing impairments	35

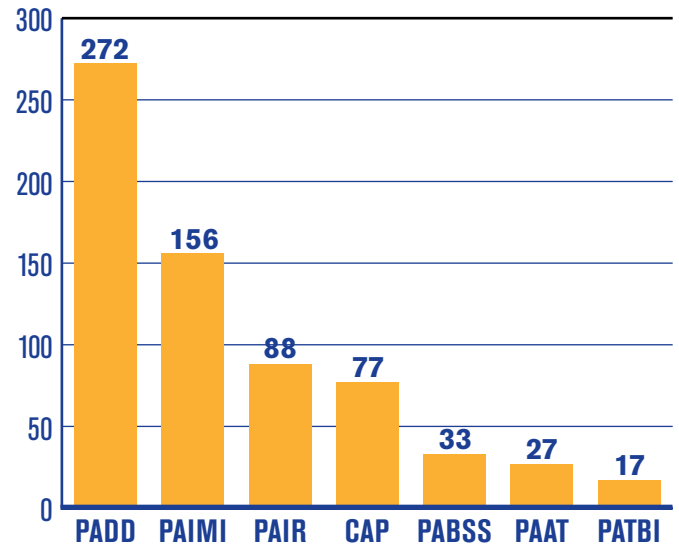
Diabetes and other endocrine disorders	6
Digestive disorders	1
Epilepsy	9
Genitourinary disorders	2
Heart and circulatory conditions, including stroke	7
Learning disability and ADD/ADHD	38
Mental illness	159
Mental retardation	212
Multiple sclerosis	5
Muscular dystrophy	3
Muscular/skeletal impairments	6
Neurological disorders	6
Other emotional/behavioral disorder	4
Physical/orthopedic impairments	44
Respiratory disorders	1
Schizophrenia	3
Skin conditions	0
Speech impairments	2
Spina bifida	1
Tourette syndrome	1
Traumatic brain injury (TBI)	22
All other disabilities	2

IPAS at a Glance (cont.)

2,531 INDIVIDUALS RECEIVING INFORMATION AND REFERRAL

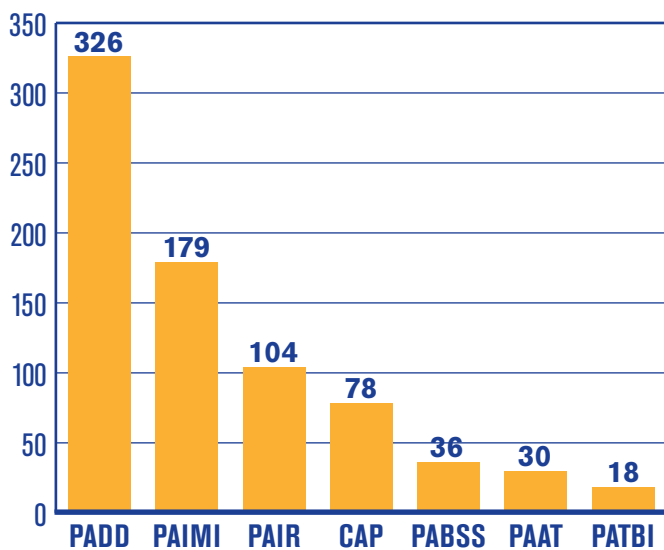


670 CLIENTS SERVED

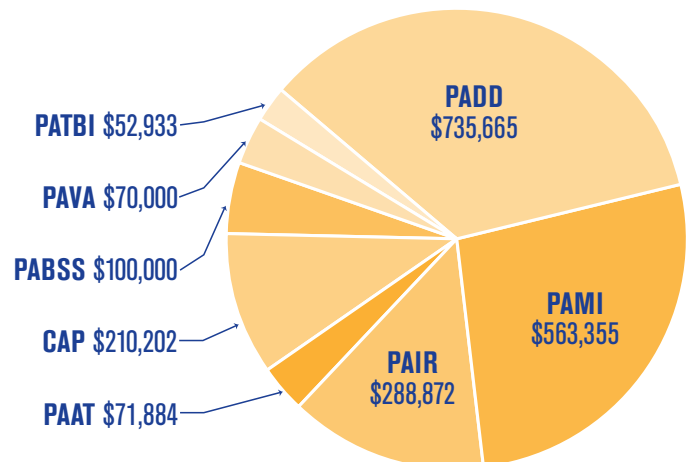


NOTE: The total number of clients served is 643. However, some clients had cases opened in more than one program. The total by program is more than 643.

771 INDIVIDUAL SERVICE REQUESTS



IPAS PROGRAM FUNDING



IPAS Commission

The Indiana Protection and Advocacy Services Commission (IPAS), our governing authority, has the responsibility to assure adequate legal and advocacy services for the protection, promotion and empowerment of the rights and interests of individuals with disabilities throughout Indiana.

The IPAS Commission provides direction and advice on the agency's activities, goals and policies.

Federal law requires that the commission be composed of members who broadly represent or are knowledgeable about the needs of the individuals served by the protection and advocacy system.

Membership must include individuals with developmental disabilities who are eligible for services, have received or are receiving services or parents, family members, guardians, advocates or authorized representatives of such individuals. In addition, the Chair of the IPAS Mental Illness Advisory Council (MIAC) automatically is a member of the IPAS Commission.

No more than one-third of the members of the commission may be appointed by the governor (42 USCA 6042). The Commission appoints the remaining nine members. Members serve three-year terms and may not serve more than five consecutive terms.

Serving on the IPAS Commission in an advisory, non-voting capacity is one member of the Indiana Senate appointed by the President Pro Tempore of the Senate, and one member of the Indiana House of Representatives appointed by the Speaker of the House of Representatives.

COMMISSION MEMBERS

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MARION CO.

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EXECUTIVE DIRECTOR

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SUPPORT SERVICES

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JUDITH I. WADE

FISCAL OFFICER

CHRIS HELMS

SECRETARY

CLIENT AND LEGAL SERVICES

DEBRA DIAL

ATTORNEY/PAIR PROGRAM COORDINATOR

GARY RICKS

ATTORNEY/PAAT PROGRAM COORDINATOR

DAVID SMITH

ATTORNEY/PAVA PROGRAM COORDINATOR

*GUBERNATORIAL APPOINTMENT

SUE BEECHER

ASSISTANT DIRECTOR OF CLIENT SERVICES
PABSS/CAP/PATBI PROGRAM
COORDINATOR

DAVID BOES

ASSISTANT DIRECTOR OF CLIENT SERVICES
PAIMI PROGRAM COORDINATOR

DEE ENRICO-JANIK

ASSISTANT DIRECTOR OF CLIENT SERVICES
PADD PROGRAM DIRECTOR

DONNA DELLINGER

ADVOCACY SPECIALIST

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TINA FRAYER

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CANDACE FEGLEY

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SHERYL WALKER

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DANIEL WARD

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BONNIE WEAVER

ADVOCACY SPECIALIST

TERRY WHITEMAN

ADVOCACY SPECIALIST

CATHY WINGARD

ADVOCACY SPECIALIST

MEMBER RECRUITMENT

IPAS is always looking for new Commission and Advisory Council members to help serve the needs of individuals with disabilities. Commission members must have a commitment to promoting the legal and civil rights of people with developmental disabilities, mental illness or other disabilities, and to the cause of protecting and promoting those individuals' rights to make their own choices.

The IPAS Commission consists of 13 members. The governor appoints four, and the remainder are elected by a majority vote of the membership. Commission members serve three-year terms. For more information, contact 800.622.4845 or TTY: 800.838.1131.

Indiana Protection and Advocacy Services

c/o Karen Pedevilla

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**TO PROTECT
AND PROMOTE
THE RIGHTS OF
INDIVIDUALS WITH
DISABILITIES,
THROUGH
EMPOWERMENT
AND ADVOCACY**

IMPACT

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These contents are solely the responsibility of the grantee and do not necessarily represent the official views of state or federal government.

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